

**Statement of the Blue Cross and Blue Shield Association
on the Vital Role of Geriatric Medicine
Presented by
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Good morning. I am Neeraj Kanwal, MD, MHSA, Executive Medical Director of Anthem Blue Cross and Blue Shield Senior Markets. I am pleased to be here today to represent the Blue Cross and Blue Shield Association to discuss the National Blue Initiative for Quality Senior Care.

The Blue Cross and Blue Shield Association is a federation of 55 independent, community-based Blue Cross and Blue Shield Plans. Blue Plans offer older Americans a complete selection of Medicare coverage options, from traditional "Medigap" supplement policies to Medicare Select PPOs to Medicare HMOs. Collectively, Blue Plans provide Medicare HMO coverage to more than three-quarters of a million Medicare beneficiaries, making the Blue System the second largest Medicare HMO provider in the country.

Anthem Blue Cross and Blue Shield provides group and individual health care benefit plans to over 4 million people in Ohio, Kentucky, Indiana and Connecticut. Anthem provides Medicare HMO coverage to 61 thousand Medicare beneficiaries in these four states.

Why Geriatric Training is Needed

As you have heard this morning, the next few years will be critical in preparing for the rapid demographic shift in the U.S. population. By the year 2030, one in five Americans will be age 65 or older. These older Americans will live longer and, in many cases, healthier lives than their parents or grandparents.

But, in respects, the U.S. health care system is not prepared to care for this growing population of seniors. Ironically, the number of geriatricians specially trained in understanding seniors' unique health care needs is expected to decline just as the Medicare population grows, since many current practitioners will retire during the next few years. Moreover, most practicing physicians who see older people today have had little or no training in geriatric medicine. Most of our primary care physicians are not geriatricians, and, in fact, have younger patients. A key reason for this is that the elderly have not familiarized themselves with primary care physicians, as much as they have with specialists.

In the traditional Medicare fee-for-service program, older patients are often referred from one specialist to another, with no one coordinating the different services and prescription drug regimens. The Medicare physician fee schedule provides payments for hundreds of separate procedures, but generally does not pay for care management and health education services. As a result, patients are often hospitalized even when it would be more appropriate if the treatment took place at home or in a nursing home.

We are working to improve the quality, integration and effectiveness of the various health care services actually delivered to Medicare HMO beneficiaries. We believe the scope of health services delivered to older persons should be expanded -- to focus not only on the effective treatment of chronic disease, but also on the unique aspects of wellness and risk screening for older adults. Additionally, we believe health care providers must concentrate increased attention on helping older people maintain their ability to function in activities of daily living for as long as possible. This is the essence of geriatric medicine.

The National Blue Initiative for Quality Senior Care

This is why Anthem Blue Cross and Blue Shield joined the Blue Cross and Blue Shield Association and the American Geriatrics Society (AGS) late last year to help improve health care for older patients. This unique initiative - known as the National Blue Initiative for Quality Senior Care -- provides primary care physicians with expertise and the latest clinical knowledge in geriatric medicine. This program represents an unprecedented alliance between the nation's largest health insurer and the leading society of physicians specializing in the care of older adults. More than 30 Blue Cross and Blue Shield Plans across the country are now using this program to improve care delivery and enhance their relationships with participating physicians.

As the older population grows, it is essential that primary care physicians have the resources they need to better understand the complex, multifaceted health issues older adults. Our goal is to help primary care physicians implement this expertise in their day-to-day practices so they can improve the quality of care they provide to older adults.

Through the National Blue Initiative for Quality Senior Care, BCBSA and AGS have produced a textbook of "Modules in Clinical Geriatrics". This self-study curriculum summarizes the key components of clinical geriatrics into six modules of study for primary care physicians. The modules are available to physicians in Blue networks across the country.

The key aspect of the "Modules in Clinical Geriatrics" curriculum is that it emphasizes wellness, prevention and an integrated approach to providing care to seniors. It is medically unsound to treat older persons simply by caring for one disease or health issue at a time. We are working to focus on coordinating and managing a broad spectrum of care that includes wellness and prevention programs, special interventions for high-risk patients, and interdisciplinary teams of health care providers.

In six modules, the curriculum covers topics including the general principles of aging and approaches to older patients; geriatric psychiatry; and geriatric syndromes such as malnutrition, dementia, falls, pain management, sleep disorders, osteoporosis, urinary incontinence, and delirium.

Anthem Blue Cross and Blue Shield is now distributing the modules to approximately 1,000 primary care physicians with significant senior patient populations. Anthem's local health care managers are personally delivering the educational materials to physicians in our Medicare HMO service areas in Ohio, Indiana, Kentucky and Connecticut.

The program provides physicians practical resources and tools that they can use daily in their offices. These tools include workbooks, charting aids, clinical guidelines and pocket reminder guides. Upon completion of the self-study curriculum, physicians earn continuing medical education (CME) credits.

I like to emphasize that the program is not just a study book. It includes practical materials that physicians can review with their office staff on being sensitive to seniors. There are worksheets that can be photocopied for medical records on doing functional assessments, or intake documentation for a nursing home. In addition, the program includes a quality improvement tool to help doctors evaluate how well they are taking care of older people and where they could improve. Pocket guides are also offered on commonly requested materials. The program is valuable because it is a way to say to physicians, learn and use these practical tools to make your practice more effective.

This initiative answers several needs that we at Anthem have been hearing from our physician community. Physicians in our network have requested information and education on caring for older

adults. Moreover, this initiative demonstrates to participating physicians that we are committed to becoming their partners to improve the care -- and the doctor/patient relationship -- that members experience.

The National Blue Initiative will help our physicians stay abreast of emerging issues in elder care. For example, physicians treating healthy older people sometimes fail to remember that they need a different spectrum of immunizations, tests and screening than their younger counterparts. To make our participating physicians more aware of the unique health care needs of our elderly members, we will provide them with tables summarizing the important vaccinations and other preventive services that people over age 65 should receive.

This educational program also helps physicians make better decisions about when and where to treat older people's health problems. For instance, at least 50 percent of people age 65 and over will undergo surgery during their remaining years. However, many physicians are reluctant to pursue surgical treatment for elderly patients solely because of their advanced age. As a result, some beneficial surgeries are not being performed. In addition, the unnecessary denial of routine surgery can lead to a need for high risk emergency procedures later on. To prevent these complications, our education program offers physicians information on how to better assess surgical risks and when to pursue surgical treatment.

While this educational program is a new initiative, we are already receiving positive feedback from our participating physicians. The physicians find the prevention, geriatric assessment and behavioral symptoms sections to be very helpful in the diagnosis and management of geriatric conditions. Some of our physicians have already reported that they have made changes in their practice as a direct result of the information we and the AGS have provided.

Let me read you an excerpt from a letter from one of our participating physicians: "When I first started in practice, I had very few older patients. But with the development of Medicare HMOs, I've seen a tremendous influx; now I average two to three new senior patients per week. Studying the first module really changed my perspective. It's a whole new world when an 85-year-old comes into your office for the first time. But now I feel more comfortable treating those patients, and I have the reference material to look back on."

The National Blue Initiative for Quality Senior Care represents just one example of how Blue Cross and Blue Shield plans continually work to improve the care of our members. By supporting our participating physicians with tools and information about geriatric medicine, we can help them improve the care they provide to Medicare beneficiaries. Evaluating the impact this program has on physician practice patterns and patient outcomes will allow us to refine our systems of care -- so we can continue to meet our members' individual health needs.

This exciting new program demonstrates that managed care plans, when organized appropriately, have enormous potential to create innovative solutions that work to improve health care quality for older Americans.